



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 19, 2019

Ms. Mary Belanger, Manager
Our Lady Of Providence
47 West Spring Street
Winooski, VT 05404-1397

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 3, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PRINTED: 04/05/2019
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/03/2019
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PROVIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 47 WEST SPRING STREET WINOOSKI, VT 05404	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
R100	Initial Comments: An unannounced onsite investigation of a Facility Reported incident was conducted by the Division of Licensing & Protection on 4/3/2019. The following regulatory deficiencies were identified:	R100	
R140 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services 5.8.d All physicians' orders obtained via telephone shall be countersigned by the physician/licensed practitioner within 15 days of the date the order was given. This REQUIREMENT is not met as evidenced by: The facility failed to assure that all physicians' orders obtained via telephone are countersigned by the physician/licensed practitioner within 15 days of the date the order was given for 1 of 2 residents reviewed, Resident #1. Findings include: Per record review Resident #1 had telephone orders for the administration of the anticoagulant Coumadin to be administered daily. The record reflects that the facility received admission orders, written on an MD visit note dated 8/28/2018, noted as a telephone order. Additionally there were telephone order slips- 2 dated 10/22, 1 dated 11/1, and 1 dated 11/29. All telephone orders are signed and dated 12/4/2018. The resident was hospitalized on 11/29 and died on 11/30/2018. In an interview on 4/3/19, at 11:35 am, the Health Services Director confirmed that the orders were signed after the resident died and he record was being closed and that there were no other signed	R140	V. RESIDENT CARE AND HOME SERVICES 5.8 Physician Services Action: The nursing staff at Our Lady of Providence have reviewed the updated policy and procedures regarding documentation and signatures required on all verbal/telephone orders taken. Please see attached policy. Measures: The nursing staff will audit 10 records per month to ensure all verbal/telephone orders are in place and countersigned by the ordering physician within the 15-day window as stipulated in this regulation. See attached document. Monitoring: Policies have been updated based on regulatory directives. Policies will be reviewed at least every three years or more frequently if needed to incorporate changes in best practice. Completion date: 4/30/2019

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5000

900011

If continuation sheet 1 of 2

R140 - R140 POCs accepted 4/18/19 M Higgins RNP/PA

PRINTED: 04/05/2019
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/03/2019
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R140	Continued From page 1 orders available.	R140	
R162 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: The facility failed to assure that staff did not administer any medication for which there is not a physician's written, signed order in the resident's record, for Resident #1. Findings include:</p> <p>Per record review Resident #1 was prescribed to receive the anticoagulant Coumadin daily at 5 PM. The facility had telephone orders for the administration of the Coumadin, which were recorded on 10/22, 11/1 and 11/27 on telephone order slips. There was also a telephone order written on a Primary Care Physician visit note. None of the identified orders contained a Physician signature other than one dated 12/4/2018, when the record was being closed out after the resident died in the hospital. In an interview on 4/3/19, at 11:35 am, the Health Services Director confirmed that there were no other signed orders available for Resident #1.</p>	R162	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>Action:</p> <p>The nursing staff at Our Lady of Providence have reviewed the updated policy and procedures regarding documentation and signatures required on all verbal/telephone orders taken for anticoagulant therapy. Please see attached policy.</p> <p>Measure:</p> <p>The nursing staff will audit all records of residents on anticoagulation therapy to ensure all verbal/telephone orders are in place and countersigned by the ordering physician within the 15-day window as stipulated in this regulation.</p> <p>Monitoring:</p> <p>Review of audit results at monthly nurse meetings to ensure all nurses are aware of the status of the work.</p> <p>Completed 4/30/2019</p>

Division of Licensing and Protection
STATE FORM

0909

900011

If continuation sheet 2 of 2

Mary K Belange

Executive Director

4/12/19



Department: Health Services	Physician Verbal/Telephone Orders Policy and Procedures	5.8 Physician Services 5.8.d
Policy reviewed and accepted: 4/10/2019	Next policy review due: 4/2023	
Barbara Liberty, RN Director Health Services	Mary Belanger, Executive Director	Jennifer Hanley, Human Resource Coordinator

Physician Verbal/Telephone Orders

Policy Statement:

Verbal telephone orders for non-controlled substances may only be received by a licensed facility nurse and must be confirmed by prescribing provider signature within fifteen (15) days of receipt.

Procedures

- 1.) Elements of the Verbal /Telephone Medication Order
 - a. Verbal medication orders must specify the following:
 - i. Name of medication
 - ii. Strength of medication
 - iii. Dose and dosage form
 - iv. Time and/or frequency of administration
 - v. Route of administration
 - vi. Quantity or duration of therapy
 - b. PRN (as needed orders) clearly delineate the condition for which they are being administered, for example "as needed for pain" or "as needed for sleep".
- 2.) Any dose or order that appears inappropriate considering the resident's age, condition, allergies, or diagnosis is verified with the attending physician.
- 3.) The prescriber is contacted to verify or clarify an order (e.g., when the resident has allergies to the medication, there are contraindications to the medication, the directions are confusing).
- 4.) The prescriber is contacted for direction when the medication will be delayed, or the medication is not available to be started as ordered.
- 5.) Documentation of the verbal medication order
 - a. Each medication order is documented and noted in the resident's medical record with the date, time, and signature of the licensed nurse receiving the order.
 - i. To note an order: "noted time, date, name and credentials"
 - b. The order is recorded on the physician telephone order sheet (attach appropriate copy) and transcribed into the MAR
 - c. Mail or fax appropriate copy of the telephone order form to the attending for counter signature and request return to the facility within 15 days of original order
 - i. Follow up with review and confirmation of return of signed order to ensure the 15 day turn-around time (as per state regulation V. RESIDENT CARE AND HOME SERVICES., 5.8 Physician Services; 5.8.d)
 - ii. Update verbal order document in resident medical record upon receipt of signed verbal order
 - d. Transmit the appropriate copy to the pharmacy for medication dispensing



Department: Health Services	Orders for Anticoagulant Medications	5.10 Medication Management 5.10.c
Policy reviewed and accepted: 4/11/2019	Next policy review due: 4/2023	Aligned policies: Physician Verbal/Telephone Orders

Orders for Anticoagulant Medications

Policy Statement

Orders for anticoagulation therapy shall be prescribed only with proper clinical and laboratory monitoring

Procedures

- 1.) The Attending Physician must order the anticoagulant therapy with appropriate orders for PT/INR checks and review. PT/INR may be phlebotomy and send to lab for resulting or in-house PT/INR CoagCheck machine.
- 2.) The nurse will contact the physician office regarding all results of a PT/INR and obtain verbal/telephone orders for ongoing anticoagulation therapy-dose change, day of administration changes, medication changes, and the date of the next PT/INR check.
- 3.) The nurse must record in the nursing notes the results of the laboratory monitoring, the conversation with the physician office regarding outcome for orders, complete and process a physician verbal/telephone order as per policy.
- 4.) Should a resident receiving an anticoagulant sustain a fall (unwitnessed) or a head injury, the Attending Physician will be notified, and the resident will be immediately transferred to the emergency room for evaluation and treatment.
- 5.) All documentation of the verbal/telephone order shall align with the policy titled: Physician Verbal/Telephone Orders.



Audit of verbal/telephone orders

Nurse Auditor:

Date of Audit:

Nursing will audit 10 medical records weekly to review telephone orders. The nurse will review the MAR for new orders and of those orders, the nurse will choose 10 different resident charts to audit. The nurse will follow the policy and procedures of Physician Verbal/Telephone Orders to ensure all verbal/telephone orders are in place, current, signed by the ordering physician. See attached policy.

Resident Name	Telephone order obtained in last 30 days? Y/N	Date of initial order	Date of physician signature	Met regulatory expectations of 15 days (order to signature). Y/N	

Audit Health Services -Physician Verbal/Telephone Orders Policy